	Crawford	
FOR INSTRUCTIONS, SEE BACK OF FORM Reset Form	FORM	
DISCLOSURE SUMMARY PAGE	DR-2 DISCLOSURE	
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 07/2004) REPORT	
	For Office Use Only Comm. #	
Gooden FOR Supervisor. IMPORTANT: Indicate by # type of committee you are reporting for: 5	Comm.#/ / / & D	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other	Scanned /	
Political Subdivision Candidate (8) County PAG (4) 100 PAD (10) Pagard or Other Political	Computer	
Subdivision PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY:	Audited	
Candidate Name NOV 1 6 2004 Political Party (if applicable)		
Byson Gosden 1 2004 R.P.	Late reports are subject to possible civil and criminal	
Office Sought District (if Senate or House)	penalties.	
County Supervisor		
Byron Gorden (712) 674.36'	73 11/12/04	
SIGNATURE OF PERSON FILING REPORT TELEPHONE	DATE SIGNED	
I AM FILING A TRA 19 05 REPORT FOR (1) ELECTION	(2)NON-ELECTION YEAR.	
(report date) Indicate by #	$\overline{\mathcal{J}}$	
CHECK IF AMENDMENT TO REPORT DATED	cal Committees, enter Date of Election	
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	unty & Local Committees, enter County in	
(You must continue to file reports until a DR-3 is filed.)	ich Election is held Raw Food Co.	
	range tour Co.	
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the		
	\$ <u>\</u>	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end		
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	BULL	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	*827	
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FOR INSTI	21 ICTIONS	SEE BACK	OF FORM

DR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	E (Rev. 06/97)	IN KIND CONTRIBUTIONS
GORDEN FOR SUPERVISOR.		KTHIS BOX IF
	_	DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
१०)।व	Buron Gorden 2576 170th ST Dow City, IA.	Self	Post CARDS.	\$ \$\\DO	
10)30	Byaon Gonden	5e) p	Stamps	8P	
10)33	Byaon Goaden	26/t	Strubs	#138	
10) वर्ड	Byan Gorden	2016	Stamps	# 16 l	
19/26	Byson Gooden	25) b	Post Cands	50	
10)21	Byann Gorden	Selp	Papen Ads	*201	
11/14	Byaon Gooden.	507 5	Papea Rd	* 35	
10)33	Brean Gooden	se) f	T.U. AD.	# 50 0	
SUB-TOTAL				\$	······································

TOTAL (if last page of this schedule)

> of _\
> (for Schedule E) Page

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.